



# Vocational Rehabilitation

Nebraska Department of Education

## Transition Scholarship Training Checklist

Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

1. Trainee's Name: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_

3. Address of Company: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

4. Contact Person of Business: \_\_\_\_\_ Phone # \_\_\_\_\_

5. Scholarship Job Title: \_\_\_\_\_

6. Training Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Training Fee: \$ \_\_\_\_\_ for \_\_\_\_\_ weeks.

8. Training Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

9. VR Contact: \_\_\_\_\_

ADDITIONAL INFORMATION OR NOTES: